

**Conference Committee Report on
House Bill No. 2440 / Senate Bill No. 2025**

The House and Senate Conference Committee appointed pursuant to motions to resolve the differences between the two houses on House Bill No. 2440 (Senate Bill No. 2025) has met and recommends that the following amendments be deleted: Senate Amendment #1 (14603) and House Amendment #1 (16328).

The Committee further recommends that the following amendment be adopted:
by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 1, Part 1, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Original prescription" means a prescription for a controlled substance from an authorized prescriber that is presented by the patient to the pharmacist or submitted electronically to the pharmacy; and

(2) "Partial fill" means a prescription filled in a lesser quantity than the amount specified on the prescription for the patient.

(b)

(1) A prescription for a controlled substance may be partially filled if:

(A) The partial fill is requested by the patient or the practitioner who wrote the prescription; and

(B) The total quantity dispensed through partial fills pursuant to subdivision (b)(1)(A) does not exceed the total quantity prescribed for the original prescription.

(2) If a partial fill is made, the pharmacist shall retain the original prescription at the pharmacy where the prescription was first presented and the partial fill dispensed.

(3) Any subsequent fill shall occur at the pharmacy that initially dispensed the partial fill. Any subsequent fill shall be filled within thirty (30) days from issuance of the original prescription.

(c)

(1) If a partial fill is dispensed, the pharmacist shall only record in the controlled substance database the partial fill amount actually dispensed.

(2) If a partial fill is dispensed, the pharmacist shall notify the prescribing practitioner of the partial fill and of the amount actually dispensed:

(A) Through a notation in the interoperable electronic health record of the patient;

(B) Through submission of information to the controlled substance database;

(C) By electronic or facsimile transmission; or

(D) Through a notation in the patient's record that is maintained by the pharmacy, and that is accessible to the practitioner upon request.

(3) Nothing in this section shall be construed to conflict with or supersede any other requirement established in this part or title 53, chapter 10 or 11, for a prescription of a controlled substance.

(d)

(1) A person who presents a prescription for a partial fill for an opioid pursuant to this section is required to pay the prorated portion of cost sharing and copayments.

(2) A pharmacist or pharmacy is authorized to charge a dispensing fee to cover the actual supply and labor costs associated with the dispensing of the original prescription of an opioid and each partial fill associated with the original prescription.

(3) Any cost sharing, copayment, dispensing fee, or any portion thereof, made to a pharmacist or pharmacy for the dispensing of a partial fill of an opioid shall not be considered an overpayment.

(4) A health insurance issuer or pharmacy benefits manager shall not utilize partial fills of an opioid to reduce payments to a pharmacist or pharmacy for dispensing multiple partial fills.

(e)

(1) A person who presents a prescription for a partial fill pursuant to this section for a controlled substance other than an opioid is required to pay the prorated portion of cost sharing and copayments.

(2) A pharmacist or pharmacy is authorized to charge a dispensing fee to cover the actual supply and labor costs associated with the dispensing of the original prescription of a controlled substance other than an opioid and each partial fill associated with the original prescription.

(3) Any cost sharing, copayment, dispensing fee, or any portion thereof, made to a pharmacist or pharmacy for the dispensing of a partial fill of a controlled substance other than an opioid shall not be considered an overpayment.

(4) A health insurance issuer or pharmacy benefits manager shall not utilize partial fills of a controlled substance other than an opioid to reduce payments to a pharmacist or pharmacy for dispensing multiple partial fills.

SECTION 2. Subsection (d) in Section 1 shall take effect January 1, 2019, the public welfare requiring it. Subsection (e) in Section 1 shall take effect July 1, 2019, the public welfare requiring it. All other provisions of this act shall take effect upon becoming law, the public welfare requiring it.

Senator Ferrell Haile

Representative Cameron Sexton

Senator Shane Reeves

Representative Bryan Terry

Senator Sara Kyle

Representative Rick Staples